

**PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION.
 A DELAY IN PROCESSING MAY OCCUR IF ALL REQUESTED INFORMATION IS
 NOT PROVIDED. (IN ORDER TO RECEIVE YOUR REFUND YOU MUST HAVE
 TERMINATED EMPLOYMENT.)**

STRS USE ONLY

DATE OF RECEIPT

Social Security Number - -	Name (last) (first) (initial)
Birthdate (mo/day/yr) / /	Mailing Address (number) (street) (apt. #)
Telephone Number (Daytime) ()	(city) (state) (zip code)

County of Employment

List the county in which you were last employed and your last day of employment. If you were employed by more than one county, **you must submit a separate refund application certified by each County Superintendent.**

County of Employment	Last Day of Employment	County of Employment	Last Day of Employment
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Refund Distribution

I have read the Notification of Income Tax Withholding (MS-1357) that was included in the Refund Application packet and have received the 30 day notification. The 30 day notification period has either been met, or I have waived the notification period and hereby apply for a refund.

I have selected **ONE** of the following three distribution choices for my refund from the State Teachers' Retirement System.

Place "X" next to one of the three distribution methods below:

I. ☐ I elect to have my refund mailed directly to me at the address listed above.

I understand that 20 % Federal income tax will be withheld from the taxable portion of this distribution and 6 % California State income tax will be withheld unless I specify NO State income tax is to be withheld.

Federal Income Tax ☒ YES CA State Income Tax ☐ YES ☐ NO

OR

II. ☐ I elect a COMPLETE TRANSFER of all the contributions and interest which are eligible for a direct trustee-to-trustee transfer to the qualified trust plan listed below.

☐ IRA

☐ OTHER QUALIFIED PLAN

Name of the Financial Institution	Account Number
Institution Address (number) (street)	(city) (state) (zip code)

Signature of Institution Representative

Date

I understand that this refund distribution is exempt from Federal and State income tax withholding.

Federal Income Tax ☒ NO State Income Tax ☒ NO

(Turn to next page)

OR

III. ☐ I elect a PARTIAL TRANSFER of the contributions and interest which are eligible for a direct trustee-to-trustee transfer to the qualified trust plan listed below.

☐ IRA

☐ OTHER QUALIFIED PLAN

Amount to Transfer

OR

Percentage to Transfer (Indicate 1 - 99 %)

Name of Financial Institution

Account Number

Institution Address (number)

(street)

(city)

(state)

(zip code)

Signature of Institution Representative

Date

I understand that Federal and State income tax will not be withheld from the portion of the refund that is transferred, but the remaining balance that I receive directly will be subject to 20% Federal withholding and 6 % CA State income tax will be withheld unless I specify NO State income tax is to be withheld.

Direct Receipt

Federal Income Tax ☒ YES

CA State Income Tax ☐ YES ☐ NO

Transferred

Federal Income Tax ☒ NO

CA State Income Tax ☒ NO

☐ I am not married (i.e. single, divorced, or widowed). ☐ I have attached a completed "Justification of Non-Signature of Spouse" (MS-1125 A).

SPOUSE'S SIGNATURE

DATE (mo/day/yr)

/ /

I hereby apply for a refund of my account in the State Teachers' Retirement System. I fully understand that the mailing of my initial refund check terminates all existing service credit and all rights and benefits to which I was entitled prior thereto. **Further, I certify under penalty of perjury** under the laws of the State of California, that the information submitted here is full, complete and true according to the best of my knowledge, and that no material facts have been omitted, and that the spousal signature is in fact the true signature of my spouse; or if no spousal signature appears, that I have completed and submitted the "Justification of Non-Signature of Spouse" (MS-1125 A), or I am not married and have checked the box above. I understand that perjury is punishable by imprisonment in the State Prison for up to four years; Penal Code section 126.

APPLICANT'S SIGNATURE

DATE (mo/day/yr)

/ /

NOTE: Photocopied signatures are unacceptable.

Certification by Superintendent of Schools

(This section must be completed by your employer if you were employed within the last 12 months.)

An employee must terminate employment before applying for a refund. I hereby certify that the individual named below has completely terminated all employment with this county or independent district.

Social Security Number

Employee Name

(last)

(first)

(initial)

Termination Date (mo/day/yr)

/ /

Employer Code

Unit Code

SIGNATURE OF SCHOOL OFFICIAL

Official Title

DATE (mo/day/yr)

/ /

Internet Version

INSTRUCTIONS FOR REFUND APPLICATION

Prepare your application form in duplicate and retain the copy for your records. Please use a **typewriter or print legibly in black ink**. If your information is not correct and legible, a delay may occur, or your check may be misdirected. Do not erase or use white-out; **erasures are unacceptable and will void your application**. If you make a mistake, obtain a new form or line through the error, make your correction and initial the correction. A refund cancels all membership and rights to any benefits to the State Teachers' Retirement System (STRS). Please read all attached information before completing the application.

SOCIAL SECURITY NUMBER -- Your Social Security Number is used to identify your account. It is important to enter it correctly in the space provided.

TELEPHONE NUMBER -- Include the telephone number where you can be reached during the day.

BIRTHDATE -- Complete using numerical designations. (Example: For a birthdate of January 15, 1921, use 01/15/21.)

COUNTY INFORMATION -- List the county you were employed by within the last 12 months. Give the last day of employment, i.e., the last day for which you received pay.

REFUND DISTRIBUTION -- A member requesting a refund of the accumulated contributions and interest in their account must select a method of distribution of the funds. Only one of the following three distribution choices may be selected:

- a) Refund Directly To The Member, or
- b) Complete Trustee-To-Trustee Transfer, or
- c) Partial Trustee-To-Trustee Transfer

Previously taxed member contributions are not taxable when paid out and are not eligible for rollover. Tax-deferred contributions and interest on both member contributions and tax-deferred contributions are taxable when paid out and are eligible for rollover.

If you select a complete or partial transfer of funds, you must provide ALL requested plan information on the refund application and separate warrants may be issued for the taxable and nontaxable portions of the distribution. You may select a specific dollar value to be rolled over, or you may indicate a percentage of the eligible funds, but not both.

- IRA or Other Qualified Retirement Plan - indication of an Individual Retirement Arrangement or other Qualified Retirement Plan
- Account Number - number that identifies the account and is associated with the account name
- Name of Financial Institution - name of the company to receive the transfer (Please do not put IRA as the name of the company.)
- Institution Address - address where the institution is located
- Signature of Institution Representative - signature of an authorized representative of the institution to receive the transfer and the date the signature was obtained.

It is the member's responsibility to provide accurate and current Trustee-To-Trustee Transfer information on the refund application, to enable us to process the refund expeditiously. STRS will rely upon the qualified plan information that is provided by the member.

FEDERAL AND STATE TAX WITHHOLDING -- Federal and California State statutes require income tax withholding on distributions from pensions, annuities, and deferred compensation plans. The withholding varies based on the distribution method that is selected. Therefore, **STRS recommends that you consult a qualified tax professional for advice before requesting a refund of the accumulated retirement contributions.**

STRS is required to withhold 30 percent Federal Income Tax and six percent California State Tax from all distributions mailed to a foreign country.

Please refer to the Notification of Income Tax Withholding (MS-1357) that is included in this application packet for information regarding rollover and Federal income tax requirements. Federal regulations specify that the withholding requirements be provided to you 30 days prior to the refund distribution.

If you do not indicate a State withholding preference, STRS must withhold six percent for California State Income Tax from the taxable portion of your refund that is not directly transferred. If you do not want State withholding applied, you must place "X" in the "NO" box on the application.

STRS cannot provide specific tax information. You must contact the Internal Revenue Service, the California Franchise Tax Board, or a qualified professional for assistance in determining your tax liability.

SPOUSAL SIGNATURE -- If you are married, have your spouse sign and date the refund application. If you are not married, please check the "I am not married (i.e. single, divorced, or widowed)" box above the spousal signature. If you are married and your spouse does not sign the refund application, you must complete a "Justification for Non-Signature of Spouse" (MS-1125 A), and check the applicable box above the spousal signature. **The spousal signature information is mandated by law, therefore, a refund cannot be processed without it.**

APPLICANT'S SIGNATURE -- Please note that you are signing your refund application under penalty of perjury. This form can be completed no more than six months prior to the processing of your refund. **If your signature date precedes your employment termination date, your refund application will be invalid.** Mail your completed application to: STATE TEACHERS' RETIREMENT SYSTEM, P. O. Box 15275, MS 72, Sacramento, CA 95851-0275, or to your County Superintendent's Office, if you were employed within the last 12 months.

CERTIFICATION BY SUPERINTENDENT OF SCHOOLS -- Before you complete this application, you are required to terminate employment with each county you were employed by within the last 12 months. Please submit a separate refund application to each County Superintendent to verify your employment termination date(s). **DO NOT** send your refund application directly to STRS without county verification unless you terminated employment at least 12 months prior to submitting this refund application.

If you terminated employment within the last 12 months, send the application to the Superintendent of Schools of the county where you were last employed, except for the following employers:

- a) Sacramento City Unified School District; send the form to the City Superintendent of Schools.
- b) Los Angeles City Unified School District; send to P. O. Box 2298, Los Angeles, CA 90051, Attn.: Controlling Division Deduction Section.
- c) Los Angeles City Community College District or San Francisco Community College District; send the form to the Retirement Division of the College.
- d) State of California; send the application to the Personnel Office of the employing state agency.

If you terminated employment over 12 months ago, send the application directly to STRS.

For information about your refund application, contact the County Superintendent of Schools Office where you submitted your application. If you submitted your refund application directly to STRS, please contact our office at **(916) 229-3870**, toll free **1 (800) 228-5453**, or TDD for the hearing impaired **(916) 229-3541**, or write to us at **P. O. Box 15275, Sacramento, CA 95851-0275**.

STRS REFUND INFORMATION

This office will not acknowledge receipt of the refund application. Your refund will be processed in two phases. The initial check for the contributions and interest posted to your account as of the date of refund will be mailed within three weeks of receipt of a valid refund application by STRS. Approximately four months later, a second check will be mailed, with additional contributions and interest that may have been posted to your account after the initial refund check. All address changes must be received by STRS in writing prior to the processing of your refund.

A member of STRS is eligible for a refund if he/she: **Terminates all employment as a member of STRS.** Termination means action by the employee, such as submission of a resignation; or action by the employer, such as dismissal or layoff. Termination does not automatically occur at the end of the school year. Substitute teaching qualifies as employment and as such must also be terminated.

A refund terminates membership with the STRS. If you decide to redeposit the withdrawn contributions, plus interest and reinstate to active status, the unused sick leave that was accumulated prior to your refund **will not be** included in the calculation of service credit when applying for a subsequent service retirement benefit.

Attached are "Notification of Income Tax Withholding" (MS-1357), that provides basic tax information, and a "Justification for Non-Signature of Spouse" (MS-1125 A).

STRS is unable to process a direct trustee-to-trustee transfer to an institution that is outside of the United States.

It is the policy of STRS not to rollover or withhold federal or state income tax from refunds that have refundable values of less than \$200.00.

Any errors or omissions in the refund application will delay the processing of your refund.

Attaching financial institutions transfer documents in lieu of completing the refund application will cause a considerable delay in the processing of your application.

Internet Version

STATE OF CALIFORNIA

PETE WILSON, Governor



State Teachers' Retirement System
P.O. Box 15275
Sacramento, CA 95851-0275

Toll Free - 1-800-228-5453
or - (916) 229-3870
Hearing Impaired - (916) 229-3541



MS 1125A (Rev 12/95)

JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE

Pursuant to the Education Code, any application which involves an election, change, or cancellation of an unmodified allowance or option choice, or request for a refund of the accumulated contributions or annuity deposit contributions shall contain the signature of the spouse of the member, unless a specified condition exists. If the spousal signature does not appear on the application, complete the following form as applicable.

STRS USE ONLY

Please print or type your name and social security number below

Name	(last)	(first)	(initial)	Social Security Number
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APPLICATION SUBMITTED PLEASE CHECK THE APPROPRIATE BOX(ES)

- | | |
|---|---|
| <input type="checkbox"/> SERVICE RETIREMENT APPLICATION
MS 0059 | <input type="checkbox"/> CHANGE OF OPTION BENEFICIARY AFTER RETIREMENT (DEATH)
MS 0362 |
| <input type="checkbox"/> REFUND APPLICATION
RF 1360 | <input type="checkbox"/> REQUIRED BENEFICIARY INFORMATION
MS 1203 |
| <input type="checkbox"/> PRE-RETIREMENT ELECTION
MS 0307 | <input type="checkbox"/> RETIREMENT ALTERNATIVE "C"
MS 0062 |
| <input type="checkbox"/> CANCELLATION OR CHANGE OF OPTION AFTER
RETIREMENT
MS 0138 | <input type="checkbox"/> DISABILITY ALLOWANCE TO SERVICE RETIREMENT
APPLICATION
MS 0234 |
| <input type="checkbox"/> ANNUITY DEPOSIT INFORMATION
MS 0113 | <input type="checkbox"/> RETIREMENT ALLOWANCE CHANGE REQUEST
MS 1328 |
| <input type="checkbox"/> CORRESPONDENCE REQUESTING CHANGE LETTER | <input type="checkbox"/> APPLICATION FOR DISABILITY RETIREMENT
DS 0260R |
| <input type="checkbox"/> CANCELLATION OR CHANGE OF OPTION AFTER
DISABILITY RETIREMENT
DS 1352 | <input type="checkbox"/> DISABILITY RETIREMENT OPTION SELECTION
DS 1354 |
| <input type="checkbox"/> ROLLOVER OF LIMITED-TERM DISABILITY PAYMENTS
DS 1391 | <input type="checkbox"/> CHANGE OF OPTION BENEFICIARY AFTER DISABILITY RET.
(DEATH)
DS 1353 |

✓ CHECK THE APPROPRIATE BOX. SIGN AND DATE THIS FORM

I am married, but my spouse did not sign the application because:

- ☐ My spouse refused to sign the application and intends to petition the court for division of my retirement account. I understand that STRS is prohibited from paying a benefit/refund until all required documentation regarding the division of my retirement account is received by the System, OR
- ☐ I do not know and have taken all reasonable steps to determine the whereabouts of my spouse, OR
- ☐ My spouse is incapable of executing the application because of an incapacitating mental or physical condition, OR
- ☐ My spouse has no identifiable community property interest in my benefits, OR
- ☐ My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage. (Attach a certified copy of the agreement.)

I hereby certify under penalty of perjury under the laws of the State of California that the information submitted herein is full, complete, and true to the best of my knowledge and that no material fact has been concealed or omitted therefrom. I understand that perjury is punishable by imprisonment in the State Prison for up to four years. Penal Code Section 126.

Applicant's Signature

Date (mo/dy/yr)
/ /

Mail a completed copy of this form to the address above. Retain a copy for your records.



State Teachers' Retirement System
7667 Folsom Boulevard
P.O. Box 15275
Sacramento, CA 95851-0275

Toll Free - 1-800-228-5453
or - (916) 229-3870
Hearing Impaired - (916) 229-3541



MS 1357 (Rev 10/96)

IMPORTANT INCOME TAX INFORMATION

Several complex regulations regarding the taxation of non-periodic distributions and certain periodic payments are set forth in the federal Internal Revenue Code (IRC). This notification explains in general terms the highlights of the IRC provisions; however, this simplified explanation does not fully address all of the complex issues contained within the rules. Therefore, **we recommend that you promptly consult a qualified tax professional for advice** on the applicability of the IRC rules to your individual situation.

20% WITHHOLDING

Under Federal law, STRS is required to withhold 20% of an eligible distribution or payment that is not directly rolled over to another qualified retirement plan or to an individual retirement arrangement (IRA). The amount withheld is forwarded to the Internal Revenue Service (IRS) to be credited against the individual's income tax liability for the year in which the non-periodic distribution or periodic payment is issued.

Only a member, a member's surviving spouse, or an alternate payee under a Qualified Domestic Relations Order (QDRO) is eligible to roll over a distribution or payment. A non-periodic distribution or periodic payment issued to a beneficiary who is not the surviving spouse (or former spouse paid under a QDRO) is not eligible for rollover.

ELIGIBLE DISTRIBUTIONS/PAYMENTS

The types of distributions or payments issued by STRS which may be eligible for rollover are:

1. Lump-sum refund/return of pre-tax contributions
2. Interest on both pre and post-tax contributions

3. Family allowance if payable for less than ten years
4. Disability benefit payments (limited term approvals)
5. Lump sum death payment

Contributions made from post-tax earnings cannot be rolled over and no additional tax is due when those contributions are paid out. A Family Allowance, which is payable for ten or more years, and disability payments other than those which are under limited term conditions are taxable as ordinary income. Such payments are not eligible for rollover and therefore are not subject to the 20% withholding requirement.

The recipient of an eligible distribution/payment can elect to roll over the full amount or a portion of the full amount. If only a portion of the full amount is rolled over, the balance which is paid to the recipient is subject to 20% withholding.

Note: While either the entire taxable amount of the distribution or any taxable portion of the distribution can be rolled over, a STRS member or beneficiary who requests a refund/return of contributions cannot elect to withdraw only a

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